IS THE FRENCH ‘LISTE-EN-SUS’ STILL SUPPORTING ACCESS TO INNOVATIVE MEDICINES?
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OBJECTIVE
The ‘liste-en-sus’ was implemented within the framework of the HPST law[1], which aim was to lead the French healthcare system towards a quality-based organisation in order to address medical needs in a more efficient way.

One of the objectives of the ‘liste-en-sus’ was to ensure access to highly-priced innovative medicines in hospital settings without distorting the Diagnostic-Related Groups (DRG). The objective of this research is to analyse the degree of innovation of the medicines included in the ‘liste-en-sus’ as of January 2014.

METHODS
The ATIH[2] is a public agency in charge of coding, collecting, analysing, restoring and broadcasting information on hospital activity. Among others, they keep track of all inclusions, delisting and tariff amendment from the ‘liste-en-sus’, and the consolidated list is publicly downloadable from their website.

From the latter list, an initial analysis consisted of identifying all the Health Technology Assessments (HTAs) for each product included in the ‘liste-en-sus’, those HTAs were downloaded from the HAS website[3]. Then, for each HTA, the following information was collected: assessment date, SMR (medical benefit) and ASMR (improvement in medical benefit) scores.

RESULTS
(Note: numbers were rounded to the nearest one)
The ‘liste-en-sus’ includes 123 medicines. 21% have no HTA available on the HAS website. Another 19% were last evaluated before 2004 according to the HAS website. (Figure 1)

Among the medicines which have undergone an HTA since 2004, 7% were granted an ASMR I, 27% an ASMR II, 22% an ASMR III, 8% an ASMR IV, 36% an ASMR V. In other terms, amongst the medicines which have undergone an HTA in the last 10 years, about 44% of them were deemed non-innovative (ASMR IV/V). (Figure 2)

Medicines which were granted an ASMR IV or V mainly consist in antihaemorrhagics (27%), antianemiaics (18%), antineoplastics (15%) and immune sera and immunoglobulins (15%)[4]. Although they are not innovative, those medicines are only used in a proportion of patients and are thus likely to distort DRG. (Figure 3)

To put these results into perspective, since 2005, 92% of evaluated medicines were granted an ASMR IV/V; the ‘liste-en-sus’ medicines are more innovative than the average medicines evaluated[3]. (Figure 4)

CONCLUSIONS
Looking at the ‘liste-en-sus’ objectives, the most decisive criterion seems to be more stability of the DRG rather than access to innovative medicines; however a higher proportion of the medicines in the ‘liste-en-sus’ are innovative.

Poster PHP27 presented at ISPOR 17th Annual European Congress, Amsterdam, The Netherlands
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1. HPST: Hospital, patients, healthcare, territories; Loi n° 2009-879 du 21 juillet 2009.
3. HAS: High Authority for Health; http://www.has-sante.fr
4. WHO Collaborative Centre for Drugs Statistics and Methodology, ATC Index

Figure 1: Last HAS evaluation of ‘liste-en-sus’ products

Figure 2: Most recent ASMR scores granted by HAS for products evaluated after 2004[3]

Figure 3: ATC classification of products deemed non-innovative by HAS (ASMR IV or V)[4]